



Should Your Infant Spend the Night?

What the experts say about overnight visits for young children

BY MARC J. ACKERMAN & COLLEEN M. DROSDECK

You find yourself in uncharted territory. You have a child of less than a year old and are either getting divorced or ending an unmarried relationship. The first questions that come to mind are “Where and with whom should our infant live?” and “How much time should the nonresidential parent be allowed to spend with the child?” Like everything else about childrearing, controversy surrounds how best to handle overnights with young children when parents live in different residences. The most important consideration in these cases is the best interest of the child—and not necessarily what the parents want.



A Baby & Attachment

A Minnesota couple decides to separate, and the mother takes the three-month-old child to live in Arizona. In an effort to be fair, the parents voluntarily agree to enter into a one-month-on, one-month-off parenting schedule. But after thirteen months, overnight arrangements break down, and the couple asks the court to resolve their differences. A court-ordered psychological evaluation of the child reveals that the child has not developed appropriate feelings of trust and security in the environment and is not appropriately attached to either parent. The court invokes a *drastic* placement order, based on the best interest of the child, and places the child, at this young and tender age, in psychotherapy to establish appropriate attachments.

What does it mean for a child to develop security, trust in the environment, and have attachment? These are the theoretical underpinnings of an appropriate placement/access schedule for young children.

Child development

Development theorists have identified the first two years of a child's life as the most important in learning to trust the environment and in developing feelings of security. Erik Erikson, a pioneer in the area of social development, contributed to our understanding of personality as it is developed and shaped over the course of a lifespan. Erickson understood that in infancy (birth to one year), the developmental task is trust versus mistrust. When successful in developing trust, an infant feels safe and secure in the world, even when feeling threatened. When unsuccessful, an infant feels fearful and finds the world inconsistent and unpredictable. Depression, withdrawal, anxiety, and heightened insecurities are also likely to occur.

For a toddler (one to two years of age), the developmental task is to achieve autonomy. Autonomy is a sense of control and independence with feelings of security and confidence and increased self-esteem. When toddlers are unsuccessful in developing autonomy, they experience separation anxiety, a disruption of separating self from others (individuation), feelings of inadequacy and self-doubt, and become overly dependent on others.

Attachment theory

For years, attachment theory was not as widely used as other developmental theories. However, for at least the past forty years, attachment theory has been the primary focus of mental health professionals in helping to develop relationships between young children and others in their lives. Children can have a number of attachment figures in their lives, at a number of different levels. Primary attachment figures generally include a parent with whom the child spends an appreciable amount of time. Secondary attachment figures can include caregivers, grandparents, daycare workers, and other relatives. Children who do not attach well to others can develop what is called Reactive Attachment Disorder (RAD).

A diagnosis of RAD may be made when the child has diffuse attachments or a persistent failure to initiate or respond in a developmentally appropriate manner to most social interactions. This includes being excessively inhibited, hypervigilant, or highly ambivalent (for example, the child may respond to caregivers with avoidance and resistance to comforting, or may stare blankly into space).

Reactive Attachment Disorder is most frequently found in children raised in foreign orphanages without comfort, nurturance, security, or trust in the environment. The child does not adequately attach to parental figures, caregivers, or

subsequent adoptive parents. Likewise, young children who have been in a number of foster placements or who have moved back and forth between parents at too young an age may develop RAD.

So why is attachment theory so important? Anyone who has observed young children in the presence of a parent will see that a child tends to stay close to the parent (the attachment figure), wanders off a bit to explore the environment, and returns to the parent for comfort and security. When a young child becomes distressed, the first thing he or she does is seek out the attachment figure for soothing and comfort. This cycle occurs over and over as the child explores, returns to the attachment figure, feels secure and comfortable, and explores some more.

What happens when the primary attachment figure is consistently unavailable? The child will become more distressed, even inconsolable, and will learn to distrust the environment. The child learns to turn inward for security and satisfaction. In the long term, this impairs the child's ability to trust the environment, to develop interpersonal relationships and a conscience, and may result in more acting out in adolescence and adulthood.



When Attachment Is Disrupted

Mother moved from Nevada to Wisconsin with her ten-month-old child. Prior to the move, the father had only seen the child for three one-hour periods in the first ten months of the child's life. The father filed a motion in a Wisconsin court requesting placement time with the child. The court, in its misguided wisdom, attempted to even out the placement time and ordered the child to spend one month in Nevada with the father, during which time the mother was to have no contact with the child. This order, entered with a complete disregard to child development, was eventually overturned on appeal.

Placement/access schedules

So how much time does a child need to develop attachment to a nonplacement parent? When parents live in the same city, any parenting plan for a young child should allow each parent to have contact with the child at least every three days. This doesn't mean prolonged contact or placement, but it does mean visual, in-person contact at least every three days for the first two years of the child's life. (For a discussion of long-distance parenting arrangements, see Shear, page 27.)

A nonplacement parent with a child less than one year old should have frequent contact for shorter periods. "Frequent contact" is defined as four to five times a week. A

shorter period is defined as two to three hours at a time. If parents are acting in the best interest of their child, these four to five contacts should be at different times of the day to allow the nonplacement parent to play with the child, bathe the child, feed the child, put the child to bed, and participate in similar activities. In some cases, the non-placement parent may spend more time with the child than the placement parent who works outside the home for 50 to 60 hours a week.

During the first year of life, overnights should not be scheduled regularly. Research shows that experienced child custody evaluators unanimously support the notion of no regularly scheduled overnights for children under one year of age. The important term is "regularly scheduled." An occasional overnight will not damage the child's attachment. However, regularly scheduled overnights will put the child in the position of seeking an attachment figure who is not available. Ideally, most of these two- to three-hour periods will take place where the child lives, but, certainly, the child can be taken out of the home for play periods, walks, and similar activities.

Understand that such a parenting arrangement is likely to be inconvenient and could strain the relationship between parents, resulting in a child's witnessing of inappropriate behavior between parents. However, this relatively short inconvenience is a small price to pay for the healthy attachment of a child. Attachment problems may become apparent in infancy, but persist throughout childhood, adolescence, and adulthood. (See chart below.)

Evidence of Attachment Problems

Infants	Children/Adolescence
• Withdrawn, sad appearance	• Withdrawing from others
• Failure to smile	• Avoiding comforting comments or gestures
• Lack of normal tendency to follow others with eyes	• Acting aggressively toward peers
• Failure to reach out when picked up	• Not engaging in social interaction
• No interest in interactive games	• Failing to ask for support
• No interest in playing with toys	• Masking feelings of anger
• Engaging in self-soothing behavior	• Alcohol or drug abuse
• Calm when left alone	• Cruelty to animals
	• Manipulativeness

Two year olds

By the time a child reaches age two, overnights can be scheduled regularly. The question, of course, is what happens between age one and two? First, if overnights are to take place, the child should initially spend only one night

away from the primary placement parent. The number of consecutive overnights can increase, but should not exceed three in a row until the child is at least four years of age. At age four, the child is psychologically able to keep his or her attachments in mind and self-soothe, without the primary attachment figure being physically present.

A number of variables will determine whether overnights should take place between age one and two:

- How secure is the child?
- Is the child outgoing or reserved?
- How much acrimony exists between the parents?
- How far apart geographically do the parents live?
- How strongly attached is the child to the primary placement parent?

An insecure, withdrawn child who is not strongly attached to the primary parent is not likely to benefit from overnight placements with a parent who lives far away. With a secure, outgoing child between one and two years of age, who exhibits a high degree of attachment, and has parents who do not display a lot of acrimony and live in close proximity, there is no logical reason to prohibit overnights. Although parents may have difficulty being objective about overnights, generally many couples are able to make the decision together, gradually increasing from no overnights to a substantially equal placement schedule. As inferred above, a substantially equal placement schedule should not occur until the child is at least four years old.

Developmental milestones

Following is a chart that should be helpful in making decisions about placement. It outlines what may be expected of children developmentally at various ages and what corresponding placements are recommended. (See chart on page 15.)

Sometimes parents must live in different cities. When an infant's overnight stay with the nonprimary residential parent is necessary, the primary parent should accompany the child on the sleepover. Regular overnights with a non-residential parent who lives in another city can be considered when a one or two year old is able to tolerate overnights. However, those placements should not exceed three consecutive days.

The most important thing to remember in crafting placement plans is that the first two years of life are critical to a child's development of important personality characteristics. Parents *must* act in the best interest of their child, even when doing so is inconvenient. Parents *must* remember that this inconvenience is only temporary and is vitally important to the

Age-Appropriate Placement Plans

Age of Child	Emotional Development	Psychosocial Development	Placement Recommendations
0 to 4 Months	Baby mostly cries, smiles, learns to identify the touch and face of caregiver, and convey to others when hungry or needs comfort.	Baby gazes at faces, smiles responsively, uses vocalization to interact socially, distinguishes primary caregivers from others and will react if removed from home.	No regularly scheduled overnight placement.
4 to 8 Months	Baby is able to recognize family, friends, and surroundings, Baby is curious, recognizes itself, and behaves according to temperament.	Baby discriminates strangers and stranger/separation anxiety begins, actively seeks adult attention, will pat own mirror image, and begins to respond to own name.	No regularly scheduled overnight placement.
8 to 12 Months	Baby learns to crawl, sit up, and stand up. Baby further develops a sense of self, learns more about its surroundings, and begins to explore more freely.	Baby is social with family and shies from strangers, begins to show a sense of humor, and becomes aware of emotions of others.	No regularly scheduled overnight placement.
12 to 18 Months	Child becomes more independent of its caregivers, begins to develop more self-consciousness, and shy away from unfamiliar people.	Child shows strong dependence on primary caregiver with increasing difficulty separating, wants to have caregiver close by constantly, shows a sense of "me" and "mine," imitates adult activities, becomes more interested in strangers but is wary.	If these adaptive behaviors are present in the child, an overnight should be considered. However, if these behaviors are absent, then an overnight should not be considered.
18 to 24 Months	Child is now capable of remembering events that occurred the previous day, views other people as distinct entities with their own personalities, and shows empathy.	Child moves about the house without constant supervision, plays parallel to other children, mimics real-life situations during play, has temper tantrums in situations of frustration, and is conscious of family as a group.	If these adaptive behaviors are present in the child, an overnight should be considered. However, if these behaviors are absent, then an overnight should not be considered.

psychological development of their child. **FA**

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